

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KAI	7/28/1	6/9
O.I.P.E. CLASSIFIER	SLW		5/11/1
FORMALITY REVIEW		71634	7/28/60
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/5/1
2	✓	✓	2/5/1
3	✓	✓	2/5/1
4	✓	✓	2/5/1
5	✓	✓	2/5/1
6	✓	✓	2/5/1
7	✓	✓	2/5/1
8	✓	✓	2/5/1
9	✓	✓	2/5/1
10	✓	✓	2/5/1
11	✓	✓	2/5/1
12	✓	✓	2/5/1
13	✓	✓	2/5/1
14	✓	✓	2/5/1
15	✓	✓	2/5/1
16	✓	✓	2/5/1
17	✓	✓	2/5/1
18	✓	✓	2/5/1
19	✓	✓	2/5/1
20	✓	✓	2/5/1
21	✓	✓	2/5/1
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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